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NPL

14/5/1 (Item 1 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
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09994058 BIOSIS NO.: 199598448976
Interaction between CCK and opioids in the modulation of the rectocolonic inhibitory reflex in rats.

AUTHOR: Gue Michele(a); Del Rio Chantal; Junien Jean Louis; Bueno Lionel
JOURNAL: American Journal of Physiology 269 (2 PART 1):pG240-G245 1995
ISSN: 0002-9513

ABSTRACT: The effects of cholecystokinin octapeptide (CCK-8) as well as the involvement of opioid system were evaluated in rectal distension (RD)-induced colonic motor inhibition in rats. Rats were surgically prepared with electrodes implanted on the proximal colon, and a catheter was implanted in lateral ventricle of the brain. RD was performed by inflation (0.0-1.6 ml) of a balloon rectally inserted. RD 1.6 ml of induced an inhibition of the colonic spike bursts (3.1 +- 0.5 per 5 min vs. 8.1 +- 0.4 before RD). Intracerebroventricular but not intravenous injection of CCK-8 and A-71623 (50 and 100 ng/kg) reduced the RD-induced colonic motor inhibition, whereas A-63387 was ineffective. PD-135,158 (10 mu-g/kg icv) suppressed the inhibitory reflex caused by RD. Devazepide (100 mu-g/kg icv) had no effect in this reflex function. Devazepide (1 mu-g/kg), naloxone (0.1 mg/kg), and nor-binaltorphimine (nor-BNI; 10 mg/kg) reversed the blocking effect of CCK-8, whereas PD-135,158 (0.1 mu-g/kg) and naltrindole (1 mg/kg) have no effect. In conclusion, CCK-8 acts on central alimentary cholecystokinin receptors to modulate the RD-induced inhibition of colonic motility through pathways involving activation of endogenous kappa-receptors. X

14/5/2 (Item 2 from file: 5)
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09392462 BIOSIS NO.: 199497400832
Involvement of neurokinin 1 and 2 receptors in viscerosensitive response to rectal distension in rats.

AUTHOR: Julia Veronique; Morteau Olivier; Bueno Lionel(a)
JOURNAL: Gastroenterology 107 (1):p94-102 1994
ISSN: 0016-5085

ABSTRACT: Background/Aims: Tachykinins participate in somatic pain and intestinal motility control. The role of tachykinin receptors in both colonic motor disturbances and visceral pain (abdominal contractions as an index of visceral pain) induced by rectal distension were investigated. Methods: Rats were surgically prepared with electrodes implanted on the proximal colon and the abdominal striated muscles. Catheters were implanted in lateral ventricles of the brain. Rectal distension was performed by inflation of a balloon (0.1.-1.6 mL) rectally inserted. CP-96,345 and RP-67,580 (neurokinin (NK) 1 antagonists) and SR-48,968 (NK2 antagonist) were injected intraperitoneally (IP) or intracerebroventricularly (ICV) 20 minutes before distension. GR73,632 and GR-64,639 (NK1, NK2 agonists) were infused intravenously at 0.15 mu-g cntdot kg-1 cntdot min-1. Results: Rectal distension evoked a significant inhibition of colonic motility and an increase in abdominal contractions. CP-96,345 injected ICV (0.2-0.8 X

mg/kg) or IP (5-10 mg/kg) and RP-67,580 (0.2 mg/kg IP) eliminated distension-induced colonic inhibition but did not affect abdominal response. SR-48,968 did not affect colonic response but significantly reduced visceral pain (0.4, 0.8 mg/kg ICV; 5-10 mg/kg IP). GR-73,632 enhanced the rectal distension-induced colonic inhibition, whereas GR-64,349 induced a greater abdominal response. Conclusions: NK1 receptors mediate the rectocolonic inhibitory reflex, whereas NK2 receptors participate in visceral pain; both responses involve central structures.

14/5/5 (Item 1 from file: 198)
DIALOG(R)File 198:Health Devices Alerts(R)
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00701536 ABS-35465 SUBFILE: ABS
PRODUCT(s): 18-178 STEREOTACTIC SYSTEMS, NEUROSURGICAL, HEADFRAME
COMMON DEVICE NAME: Leksell G-Frame Applicator Systems

MANUFACTURER: Prototype by authors

The authors discuss the use of a simple and inexpensive applicator for the Leksell G frame for stereotactic magnetic resonance imaging (MRI) and stereotactic surgery in 65 pallidotomy/thalamotomy procedures, 16 depth electrode implantations, and 8 deep brain stimulator implantations. The applicator consists of 4 transparent acrylic plates to facilitate confirmation of the external anatomic landmarks, and an inflatable air cuff under the top plate supports the frame at the desired height and allows minute adjustments to optimize frame position and alignment. Side air bags facilitate head positioning, and 2 foot-screw adapters prevent compression of the frame and holder against the patient's shoulder. The authors state that the system was used successfully in all cases. They state that reapplication of the stereotactic frame because of misalignment, suboptimal target localization, or fitting problems was not necessary in any patients. The authors state that earplugs were not required and that pain caused by the MRI frame holder being driven into the shoulder was avoided. The authors conclude that use of the frame applicator can help ensure successful and appropriate stereotactic frame placement for stereotactic surgery and can alleviate patient discomfort. Comments follow the article.

SOURCE: Kamiryo T, Laws ER Jr. An accurate adjustable applicator for magnetic resonance imaging-based stereotactic procedure using the Leksell G frame. "Neurosurgery" 1999 Aug;45(2):397-400.

PUBLICATION DATE: 9911

14/5/6 (Item 2 from file: 198)
DIALOG(R)File 198:Health Devices Alerts(R)
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00686365 ABS-D3877 SUBFILE: ABS
PRODUCT(s): 17-732 BRACHYTHERAPY APPLICATORS, AFTERLOADING
17-518 Brachytherapy Sources
COMMON DEVICE NAME: (1) Radiation Therapy System Iodine-125
Liquid-Radionuclide-Filled Balloons; (2) Iodine-125 Seeds

MANUFACTURER: (1) Proxima Therapeutics Inc; (2) Manufacturer not identified in article

The authors evaluated the dosimetric characteristics of a spherical-geometry liquid-radionuclide-filled balloon and compared the efficacy of an iodine-125 (I-125)-filled balloon to that of conventional I-125 seed implants for brachytherapy treatment of malignant **brain** tumor resection cavity margins. They state that the balloon can be inflated with 4 to 35 mL of radionuclide and that the intracavity balloon applicator can deliver a highly conformal dose to residual tumor cells and a more uniform dose to target cells without hot spots in healthy tissue. The authors add that the balloon can be collapsed during insertion and removal and that it is biocompatible for **brain implantation**. They state that dose distribution can be manipulated by adding a second balloon inside the first. The authors state that the double-lumen application allows treatment at larger distances; however, more healthy tissue receives 50% to 100% of the prescribed radiation dose. The authors conclude that use of the radionuclide-filled balloon applicator eliminates the need for additional surgery and that an I-125-filled applicator is an attractive alternative to conventional I-125 seed implants. They add that the applicator may also be useful after lumpectomy for breast cancer or other tumor resections.

SOURCE: Dempsey JF, Williams JA, Stubbs JB, et al. Dosimetric properties of a novel brachytherapy balloon applicator for the treatment of malignant brain-tumor resection-cavity margins. "Int J Radiat Oncol Biol Phys" 1998 Sep;42(2):421-9.

PUBLICATION DATE: 9903

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S2	1355534	PROSTHES?S OR IMPLANT?
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S4	873	NEUROPROSTHES?S
S5	14455	S3 OR S4
S6	169489	INFLAT? OR BLOW? ?(2N)UP
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